



FOR IMMEDIATE RELEASE

## **Prison Advocacy Organizations Call for Immediate Action, Including Ending Police Deployment to Wellness Checks and Launch of Civilian Crisis Response Team**

*Halifax, Nova Scotia – March 7, 2025*

East Coast Prison Justice Society (ECPJS), PATH Legal, and the Elizabeth Fry Society of Mainland Nova Scotia urge timely action - including an end to police deployment to wellness checks - following the death of two community members in Halifax / kjiptuk on February 22 and 28, 2025. The deaths occurred following encounters with Halifax Regional Police (HRP). In both incidents, HRP were called in response to individuals in mental distress (aka “wellness checks”) and deployed conducted energy weapons (aka Tasers) to subdue the individuals.

These tragic events, which occurred less than one week apart, bear a striking similarity to one another and recall the deaths of Chantal Moore, Regis Korchinski-Paquet, Rodney Levi, Ejaz Choudry, D’Andre Campbell, and other individuals - predominantly Black and Indigenous - who died following the deployment of Canadian police officers as a response to mental distress. Research shows that Black and Indigenous people, as well as people with mental health and substance use issues, are disproportionately represented among police use of force fatalities.

The deaths on February 22 and 28 further evidence the unsuitability of police as a response to individuals in crisis. They highlight what existing provincial policies and guidelines on police crisis response and de-escalation fail to consider: that police responding to a mental health crisis call *is in and of itself an escalation*. A system that sends police to mental health emergencies while sending healthcare providers to physical health emergencies is discriminatory. Police presence introduces the potential for weapons use, including use of Tasers, which are misclassified as “less lethal” than other weapons and thereby more readily used, despite their implication in the police-involved deaths of persons with mental health disabilities in Canada and the US.

Police attendance on wellness checks has been rejected by Haligonians and Nova Scotians for years. The 2022 report Defunding the Police: Defining the Way Forward to HRM calls for diversion of mental health calls to civilian response teams (recommendation 15), noting that “[the] current model of mental health crisis intervention in HRM is outdated and no longer aligned with best practices” (p. 126). The Mass Casualty Commission likewise recommends that 911 policies be updated “to reflect that mental health service providers are most often the more appropriate first responders to mental health calls,” with police being dispatched *only in the event that a mental health service provider deems it necessary* (Vol 5, p.536). These keystone reports indicate that continued use of police officers for mental health crisis calls is unnecessarily escalatory and contrary to best practices. Instead, we must invest in civilian-based crisis response and preventive community-based supports.

## CALLS TO ACTION

Two deaths of community members reportedly experiencing mental distress, both involving use of Tasers by police, in less than one week, is a matter of grave concern that requires an immediate response. East Coast Prison Justice Society, PATH Legal, and the Elizabeth Fry Society of Mainland Nova Scotia are issuing five calls to action:

1. We call on Nova Scotia Justice Minister Becky Druhan to implement an immediate moratorium on police deployment to wellness checks. We further call on Minister Druhan to review the current policy, guidelines, and training on police crisis response and de-escalation techniques, including the use of Conducted Energy Weapons.
2. We call on the Serious Incident Response Team to be transparent with the public in its investigations into the recent deaths, including public reporting on the adherence of HRP to the *Nova Scotia Guidelines on Conducted Energy Weapons* - in particular, sections related to Deployment (2.6 -2.10), Persons with Mental Illness (2.11), and Other High Risk Situations (2.12-2.13).
3. We call on the Halifax Regional Council to provide an update on the status of the proposed civilian crisis response team, which was part of the city's 2023 public safety strategy with funds allocated in the city's 2024-2025 budget. We further call on the HRC to take immediate action toward the implementation of this initiative.
4. We call on Michelle Thompson, Minister of Health and Wellness, and Brian Comer, Minister Responsible for the Office of Addiction and Mental Health to prioritize the funding, development, and implementation of community-led, consent-based, non-police mobile crisis services across the province. We further call on HRC and the Nova Scotia Government to provide their full support of the two existing civilian crisis support initiatives by ensuring that they are appropriately funded to meet the needs of the community.
5. We also call on Michelle Thompson, Minister of Health and Wellness, and Brian Comer, Minister Responsible for the Office of Addiction and Mental Health, to address gaps in the crisis service continuum through funding the implementation of residential crisis services such as crisis stabilization centres and peer respite centres. We further call on Ministers Thompson and Comer to invest in the prevention of mental health crises by enabling access to health care, safe and dignified housing, adequate income and meaningful social opportunities, and creating a robustly resourced system of paid community mental health peer support workers (see Hyde Inquiry Recommendations 13-15).

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## FURTHER INFORMATION

### **Unsuitability of Police as First Responders to Persons in Mental Distress**

ECPJS, along with many others in the community, have been vocal against police deployment to wellness checks. Police are not trained mental health professionals, and by their very nature – arriving with weapons and embodying escalation – are prone to putting someone in mental health crisis in a greater state of distress.

ECPJS members, including our late Co-Chair Harry Critchley, were involved in authoring the 2022 report, “Defunding the police: defining the way forward,” as part of the Halifax Board of Police Commissioners subcommittee to Define Defunding Police (Defund report).

The Defund report stated: “Wellness checks should be done by mental health professionals that are specifically trained in crisis intervention and de-escalation.” This would be part of a necessary process of “detasking” police and “retasking” more appropriate community service providers.

The Defund report was part of a chorus that has been sounding for years, calling for police to be removed from being *the* response to mental health crises in the municipality. HRM’s Mobile Mental Health Crisis Team (MMHCT), introduced over a decade ago, involves deployment of a police officer along with a health professional. In his presentation for the Defund Report, informed by leading research in the area, Dr. Jamie Livingston, Associate Professor of Criminology at St. Mary’s University, recommended that mental health crisis response systems only involve police when the level of danger or criminal activity warrants their involvement.

The joint submissions of ECPJS and the British Columbia Civil Liberties Association (BCCLA) to the Nova Scotia Mass Casualty Commission (MCC) echoed the refrain to remove police from involvement in mental health crisis responses. We submitted:

ECPJS and BCCLA recommend removing law enforcement as first responders to behavioural health crisis in Nova Scotia and overhauling the current Mental Health Mobile Crisis team model in conjunction with crisis care experts, including those with lived experience. Crisis calls should be exclusively diverted and responded to by civilian-only teams and the program should employ peers. We do not propose any one specific model, but recommend that governments make evidence-based decisions that are informed by a diverse representation of community members and prioritize dignity and care over coercion and violence.

The MCC’s recommendations reflected our and others’ related comments. They stated:

The Province of Nova Scotia should establish a comprehensive and adequately funded model of mental health care service provision for urban and rural Nova Scotians. This model should include first response to those

in mental health crisis and continuing community support services to prevent mental health crises from arising or recurring. (Vol 5., p.535)

Nova Scotians have, through participation in extensive public consultations, made it clear that police are not appropriate as a response to address the complex mental health challenges apparent in such encounters. Halifax Regional Council has a responsibility to respond to these community-driven processes. The events of the past two weeks demonstrate that Halifax Regional Police continues to present a clear and present danger to our most vulnerable community members in times of distress. As the Defund report notes: “Even in non-fatal interactions, the use of law enforcement to address health issues can create mental service barriers, especially to Black, Indigenous, and People of Colour, and other equity-deserving communities” (116).

HRC, together with provincial authorities, must take action to remedy this well-recognized problem, including through robust funding commitments. The Defund report cites a community member’s comment: “Wellness checks and mental health services could be delegated to other groups BUT funding and resources are needed. You can’t offload onto someone else without giving them the supports they need” (123).

### **Conducted Energy Weapons in Nova Scotia**

The Nova Scotia Guidelines on Conducted Energy Weapons (CEWs; Effective June 9, 2011) were developed as a response to the 2010 Report on the Inquiry into Howard Hyde’s death. Hyde, who was diagnosed with schizophrenia, died in custody in Halifax 30 hours after being jolted with a Taser up to five times. While the medical examiner determined the cause of death was “excited delirium”, the inquiry implicated the use of Tasers as well as the restraint techniques used by guards and recommended against using conducted energy weapons such as Tasers on individuals in mental distress, except as a last resort.

Pursuant to the recommendations, the Guidelines on CEWs clearly state that with specific respect to Persons with Mental Illness, “while de-escalation and reasonable force options are factors to be considered in all use of force situations, an officer, when presented with a subject displaying indications of mental illness, must in these cases give particular consideration to and reasonably believe that no other force option, including de-escalation and/or crisis intervention technique, has been, or will be, effective in eliminating the risk of bodily harm or serious injury” (Section 2.11, 2.11.1).

The Nova Scotia Policing Standards likewise dictate that “Officers should use strategies and techniques to decrease the intensity of a situation, improve decision-making and communication, reduce the need for force, and increase voluntary compliance” (2024, 83). HRP’s policy, “Incidents Involving Conducted Energy Weapons” (Tasers) lays out the circumstances for use, including where dealing with a person with mental illness:

The CEW is designed to assist in gaining control of violent or potentially violent individuals, including persons with mental illness (PMI), where alternative control tactics have been or would likely be ineffective. CEWs shall not be used without due

consideration being given to de-escalation or other force options in diffusing the situation.<sup>1</sup>

### **Conducted Energy Weapons Misclassified as “Less-Lethal”**

Amnesty International has been vocal on the issue of Canadian police using Tasers. In their 2007 report titled *Canada: Inappropriate use of Tasers*, Amnesty noted that, “Tasers are being used too readily by police officers in Canada and too low down the use-of-force scale rather than as a weapon of last resort. In addition, Tasers continue to be used against groups such as children and people with mental illness.”

In a 2009 public statement, following the release of the Braidwood Inquiry report regarding police use of Tasers in B.C., Amnesty highlighted that:

After reviewing evidence from a wide range of sources, including research studies and experts in cardiology and electrophysiology, Justice Braidwood concluded that “conducted energy weapons” (CEWs) such as Tasers had the potential to fatally disturb the heart rhythm, even in healthy individuals, particularly when the CEW probes were placed across the chest.

The Amnesty release summarized the following factual conclusions of the Braidwood Inquiry:

[Justice Braidwood] found that the risk of dangerous arrhythmias increased in people who had cardiovascular disease; whose heart was already stimulated through intense pain or stress; who were “thin” with “smaller skin to-heart distance”; wore heart pacemakers; or were subjected to repeated shocks.<sup>2</sup>

The Braidwood Report further noted that many of the individuals subjected to police Tasers were emotionally disturbed and cited “unanimous” testimony from mental health experts that de-escalation and crisis intervention techniques, not electro-shock weapons, were the appropriate response.

Systema and Laming (2024) observe that when police use CEWs on people they perceive to be mentally unwell, the severity of CEW use increases. Moreover, their study indicates that perceived mental illness is more predictive of CEW use than the presence of weapons or resistant or assaultive behaviour. The authors cite past research which suggests that:

inexperienced or poorly trained officers view CEWs as a convenient method for ending an interaction without taking the time to gather information or de-escalate. In other words, for some, because CEWs are relatively safe and

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<sup>1</sup> Halifax Regional Police Policies and Procedures, 17.3: Incidents Involving Use of a Conducted Energy Weapon, (policy originally released 8 September 2011; publicly released 3 August 2023), Section (c)(1), online: <https://cdn.halifax.ca/sites/default/files/documents/fire-police/police/incidents-involving-use-of-a-conducted-energy-weapon.pdf>

<sup>2</sup> <https://www.amnesty.org/en/wp-content/uploads/2021/07/amr200132009eng.pdf>

considered less-than-lethal, being equipped with one can create a net-widening effect in which CEWs are used in instances that would have otherwise been resolved through words or soft empty hand force.<sup>3</sup>

The implication is that CEWs are used by police officers as the first and only force option on the most vulnerable populations they encounter, in situations that appear not to justify such high-impact responses.

Despite the concerns regarding the potential lethality of Tasers, police use of such weapons has *increased* in Canada. As the Defund report noted, there was a dramatic increase in police Taser use between 2010 and 2019: RCMP Taser deployments increased by 134% during the period (2022, p.85). According to Tracking (In)Justice, sixteen people have been killed in police custody in incidents involving CEW use since 2020 (<https://trackinginjustice.ca>).

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<sup>3</sup> “Exploring the use of conducted energy weapons on subjects with a perceived mental condition” Policing: A Journal of Policy and Practice, 2024, 18, paae084 <https://doi.org/10.1093/police/paae084> at 7.